



Application for Employment

**Piedmont Triad Airport Authority
1000A Ted Johnson Parkway
Greensboro, NC 27409**

The Piedmont Triad Airport Authority (“PTAA”) is an equal opportunity employer. All applicants will be considered for employment without regard to race, color, religion, national origin, sex, disability, genetic information, age or veteran status.

INSTRUCTIONS:

Please read this entire application before you answer any questions. Please complete the application completely and accurately. Print “N/A” in any space that does not apply to you. Read the last page carefully, and then sign and date the application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.



APPLICATION FOR EMPLOYMENT

Date _____

Name _____
First
Middle
Last

Mailing Address _____
Street / P.O. Box
City
State
Zip Code

Telephone (____)____-____ (____)____-____ (____)____ (____)____-____
Home
Business
Ext.
Cell

Email Address _____

Position Applied For _____ Salary desired per hour \$ _____

Are you applying for Full time or Part time work? Full time Part Time

Days and Hours available to work: _____

Date available to start work? _____

Are you legally eligible to work in the United States? Yes No

Are you 18 Years of age or older? Yes No

Have you ever been employed by PTAA? Yes No If Yes, Dates Employed _____

Have you previously applied for a position with PTAA or any of its tenants? Yes No

If so, specify location and date(s): Location _____ Dates Employed _____

Have you ever worked under any other name(s)? Yes No

If Yes, please list _____

How did you learn about PTAA and the position for which you are applying?

Friend Relative Co-worker PTAA Website TV/Radio Other _____

Do you have any relatives currently employed by PTAA? Yes No

If so, give their name, relationship, and the department in which they are employed.

Name _____ Relationship _____ Department _____

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Have you ever been convicted of, plead guilty, no contest, or nolo contendere to a crime (other than a minor traffic violation) under the name you used on this application or under any other name? Yes No

If yes, please give the date, offense, location, and explain what happened. **Use additional pages if necessary.**
 (A conviction or criminal history does not mean you cannot be hired. An individualized assessment will be conducted, in which the nature of offense, how recently you were convicted, the qualifications and requirements of the job, your work history, and other relevant factors will be evaluated.)

Date _____ Offense _____ Location _____

Details of Offense _____

EDUCATION AND SKILLS

Education	School Name & Location	Did you Graduate? (If not, Number of years/semester completed)	Degrees/Certifications
High School (or GED)			
College or University			
Graduate or Professional			
Other: Educational Vocational, BLET			

List other job skills that you believe would be of assistance in determining your qualifications for employment (includes licenses, honors, certifications, language skills, computer or technical skills, etc.):

List specific courses, workshops, training or experience you have had that are related to the position for which you are applying:

List any professional licenses or certifications you have had that are related to the position for which you are applying:

MILITARY SERVICE

Are you a Veteran? Yes No Branch of Service _____ Years of Service? _____

Duty/Specialized Training: _____

Are you serving in the Reserves or National Guard? Yes No

EMPLOYMENT HISTORY

In the space provided below, give your COMPLETE employment history, beginning with your present or most recent employer and list all positions, including military, part time, and summer work. Details on any period of unemployment longer than twelve (12) months must be included and explained. If more space is needed please list on a separate sheet of paper. **Incomplete applications will not be processed.**

Note: Applicants for positions in the police or fire departments should include relevant volunteer experience, and should indicate that the experience was as a volunteer in the description of job duties for the position.

Current or Last Employer _____ Phone (_____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
 May we contact employer? ___ Yes ___ No
 Job Duties _____

Previous Employer _____ Phone (_____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
 May we contact employer? ___ Yes ___ No
 Job Duties _____

Previous Employer _____ Phone (_____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
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 Job Duties _____

Previous Employer _____ Phone (_____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
 May we contact employer? ___ Yes ___ No
 Job Duties _____

Last _____, First _____

EMPLOYMENT HISTORY (continued) If more space is needed please list on a separate sheet of paper.

Previous Employer _____ Phone (____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
 May we contact employer? ___ Yes ___ No
 Job Duties _____

Previous Employer _____ Phone (____) _____ - _____
 City _____ State _____ Zip Code _____
 Job Title _____ Supervisor's Name _____
 Date Employed (Mo/Yr) ___ / ___ Starting Salary \$ _____
 Date Separated (Mo/Yr) ___ / ___ Ending Salary \$ _____
 Was this a full time or part-time position? ___ Full Time ___ Part-time Part-time hours worked per week? _____
 May we contact employer? ___ Yes ___ No
 Job Duties _____

REFERENCES

Please list three (3) individuals that we may contact as personal references for you. These references should not include members of your immediate family.

Name _____
 Address _____
 Phone Number (____) _____ - _____ Occupation _____
 How do you know this person? _____ Years known: _____

Name: _____
 Address: _____
 Phone Number: (____) _____ - _____ Occupation: _____
 How do you know this person? _____ Years known: _____

Name: _____
 Address: _____
 Phone Number: (____) _____ - _____ Occupation: _____
 How do you know this person? _____ Years known: _____

**GO TO NEXT PAGE AND READ IT CAREFULLY BEFORE SIGNING THIS APPLICATION.
 THIS APPLICATION MUST BE SIGNED TO BE CONSIDERED.**

CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information I have provided in this application is true, correct, and complete to the best of my knowledge. I understand that if any of the information on this application is discovered to be incorrect, false or misleading or if there are misrepresentations or omissions of any kind whatsoever, then the Piedmont Triad Airport Authority may deny me employment, or if discovered after I am hired, may terminate my employment.

I hereby authorize PTAA to conduct any verification or inquiry into my personal, employment credit, criminal and motor vehicle history for employment purposes. I hereby authorize all of my present and former employers, school authorities, licensing boards, government and military entities, and references to furnish the Piedmont Triad Airport Authority with information concerning my personal character, reputation, work habits, education, credit, employment history, work performance, mode of living, and other qualities relevant to my qualifications for employment. I further release all such persons and the Piedmont Triad Airport Authority from any and all liability or damages as result of providing or receiving such information.

I understand that, if I am offered employment and hired, I will not have a contract with the Piedmont Triad Airport Authority of any kind and that my employment with the Piedmont Triad Airport Authority will be "at will," which means that my employment may be terminated by me or the Piedmont Triad Airport Authority at any time, for any reason. I understand that, if hired, my employment with the Piedmont Triad Airport Authority does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that no one other than the Executive Director of the Piedmont Triad Airport Authority has the authority to enter into any other contract or agreement regarding the terms of my employment.

_____ I have read and agree to the above statements.

Applicant's Signature _____ Date _____

Please save this application to your computer and then email a copy to: PTAAHR@gsoair.org